

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27366

3024

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
(Specify whether
In this community 26 years
years, months or days)

3. (a) PRINT FULLNAME Mrs. Bertha N. Erwin

3. (b) If veteran, No
name war No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jack Erwin Jr. 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Mar. 10 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 4 29 hr. min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Henry C. Lomax

13. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ellen Ball

15. Birthplace Kansas City, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Erwin Jr.

(b) Address 6610 East 15th St. Terrace

17. (a) Burial (b) Date thereof 8-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 8/11/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6610 East 15th St. Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1941 hour 5 minute 45 p. M.

21. I hereby certify that I attended the deceased from April 1941
to 8/9/41
that I last saw him alive on 8/9/41
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus Duration 3 hrs.

Due to Pelvic fracture Duration 3 wks.

Due to Food poisoning Duration 4 wks.

Other conditions Incidental pregnancy

(Include pregnancy within 3 months of death)
4 1/2 mo duration

Major findings: Of operations none

Of autopsy Coronary embolus
pelvic fracture

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? 123
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (Specify type of injury)

23. Signature John W. Wagner (M. D. MD)

Address 1103 3rd St Date signed 8/10/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. R. Haenschell

Licensed Embalmer No. *4159*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.